



<b>POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM</b>	<b>Application Number</b>	10/697,584
	<b>Filing Date</b>	October 29, 2003
	<b>First Named Inventor</b>	Theodore M. KHALILI
	<b>Title</b>	ROBOTIC SURGICAL DEVICE
	<b>Art Unit</b>	3739
	<b>Examiner Name</b>	Not Yet Assigned
	<b>Attorney Docket No.</b>	203782000400

I hereby appoint:

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Name	Registration Number	Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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I am the:

☐ Applicant/Inventor.  
☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).*

<b>SIGNATURE of Applicant or Assignee of Record</b>			
<b>Name</b>	Peter E. Braveman, Senior Vice President for Legal Affairs & General Counsel		
<b>Signature</b>			
<b>Date</b>	3/11/04	<b>Telephone</b>	(310) 423-5000

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 1 forms are submitted.